

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PR

* In accordance with R.I.G.L. subject to a penalty fee of \$25.0	7-1.2-1501(e), each corpo	9 Fee: \$50.00* • THIS RE pration failing or refusing to file its	PORT MUST BE TYPED annual report within thirty (30)	OR PRINTED LEGIBLY	IN BLACK INK.
1. Corporate ID No.	2. Name of Corp	Service de la constante de la		- The time prescribed by	!aw (R.I.G.L. 7-1,2-1501(с&d,
3. Street Address Principal Bus		BELLA REA	LESTATE 1	sic.	
2 Tim	iness Office BEL ST.		City 1/2 C		Zip
4. Business Phone No.	11 / 62/	5. State of Incorporatio	No Prov	State RI	02904
35	4-6026		" RI	· · · · · · · · · · · · · · · · · · ·	
6. Brief Description of the Char	acter of Business Conduc	ted in Rhode Island			
7. NAMES AND ADDRES	SSES OF THE OFFICE	AND MANAGE CERS: ("X" BOX FOR AT	YENT OF KEA	LESTATE	
President Name		(- Con Ton AI	Vice President Name	SPACES BEFORE USING	ATTACHMENTS
STREET Address NENNETH D. ALMEIDA			NONE		
	MBER ST.	· · · · · · · · · · · · · · · · · · ·	Street Address	7000	
City 11 PONI	State D	Zip	City		
ecretary Name	KL	02904	chy	State	Zip
y riame	NONE		Treasurer Name	1/2.10	
reet Address	100101		Street Address	NONE	
24			Sirver Address	- · · · ·	
Tity .	State	Zip	City	State	Zip
NAMES AND ADDRESS	 SES OF THE DIREC	TORS: ("X" BOX FOR AT			[-
irector Name		- BOX FOR A	Director Name	SPACES BEFORE USIN	G ATTACHMENTS
reet Address	NONE			NONE	
			Street Address		
ity	State	Zip	City		
rector Name				State	Zip
The real real real real real real real rea	NONE		Director Name		
vet Address			Street Little	NONE	
ly			Street Address		
,	State	Zip	City	State	Zip
SHARES AUTHORIZED		1	10 6114 770 200	<u> </u>	1 -
			ISSUED SHARES - THIS SEC	("X" BOX FOR ATTACH TION MUST BE COMPLETED	MENT)
This information is currently of record in the Office of the Secretary of state. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			NONE	1/a.K	
			1000	NONE	NOVE
is report must be executed separate in the secure of the s	d on behalf of the c	corporation by an authorize orporation by the receiver of	d representative. If the co	rporation is in the hands	of a receiver and
· · · · · · · · · · · · · · · · · · ·	a on behalf of the et	orporation by the receiver of	or trustee.	i and the mands	of a feceiver or trustee,
			D. I		
		 ,		rjury, I declare and affirm that	at I have examined this repo
Date	U		contained herein are	true and correct	ments, and that all statemer
FR 23	nno	-	_ Mond	Jul 1) Alua	ide pholos